



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

*Administrator*

Washington, DC 20201

MAR 20 2006

Mr. John Chappuis, Deputy Director  
Montana State Medicaid Director  
Department of Public Health and Human Services  
P.O. Box 4210  
Helena, MT 59604-4210

Dear Mr. Chappuis:

We are pleased to approve your request for the section 1115 demonstration authority needed to implement the Hurricane Katrina Multi-State section 1115 Demonstration. The Medicaid demonstration is approved as project number 11-W-000225/8. This demonstration is granted as we work to recover from one of the worst natural disasters in the history of the United States. The Centers for Medicare & Medicaid Services (CMS) has developed this section 1115 demonstration initiative to ensure the continuity of health care services for the victims of Hurricane Katrina.

The demonstration waivers and expenditure authorities outlined in this letter and in the enclosed special terms and conditions (STCs) will assist the State of Montana in providing Medicaid coverage for evacuees who have been displaced as a result of Hurricane Katrina. Additionally, this demonstration allows for the establishment of expedited Medicaid eligibility for new applicants in the time of a natural disaster who would now meet certain income eligibility standards as described in the simplified eligibility chart at enclosure B. A period of eligibility of up to 5 months is provided for these eligibility groups who are designated evacuees under this demonstration.

Our approval of this demonstration is subject to the limitations specified in the list of approved waivers and expenditure authorities. The State may deviate from Medicaid State plan requirements to the extent those requirements have been specifically waived or identified as not applicable to the demonstration. The approval is also conditioned upon continued compliance with the enclosed STCs, which set forth in detail the nature, character, and extent of anticipated Federal involvement in the project. In order to facilitate health care services for individuals displaced from their home States, we are not applying the usual Medicaid budget neutrality requirements of section 1115 demonstration projects. The Department agrees that individuals participating in the waiver are presumed to be otherwise eligible for Medicaid in their respective home State and costs to the Federal Government would have otherwise been incurred and allowable.

The award is subject to our receiving written acceptance of this award within 30 days of the date of this approval letter.

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The demonstration population consists of evacuees. "Evacuee" refers to an individual who is a resident of the emergency area affected by a national disaster as declared by the President of the United States pursuant to the National Emergencies Act or the Robert T. Stafford Disaster Relief and Emergency Assistance Act, and has been displaced from his or her home State, and is not a non-qualified alien.

Under the demonstration, Montana will provide services through its programs to evacuees who fit into the demonstration population consisting of parents, pregnant women, children under age 19, individuals with disabilities, low-income Medicare recipients, and low-income individuals in need of long-term care with incomes up to and including the levels listed on the enclosed simplified eligibility chart.

Montana shall track each "evacuee" in its computer system to capture the displaced individuals for reporting purposes. Under the authority of section 1115(a) of the Social Security Act (the Act), the following waivers identified in Attachment A of the Medicaid State plan requirements contained in section 1902 of the Act are granted to enable Montana to carry out this section 1115 demonstration through this period.

Your project officer is Mr. William Kincannon. Mr. Kincannon is available to answer any questions concerning implementation of your section 1115 demonstration. His contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and State Operations  
Mail Stop S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-6964  
E-mail: William.Kincannon@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Peterson and to Ms. Diane Livesay, Associate Regional Administrator in our Denver Regional Office. Ms. Livesay's address is:

Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967  
E-mail: Diane.Livesay@cms.hhs.gov

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If you have additional questions, please contact Ms. Jean Sheil, Director, Family and Children's Health Programs, Center for Medicaid and State Operations, at (410) 786-5647. We look forward to continuing to work with you and your staff.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark B. McClellan', with a long horizontal flourish extending to the right.

Mark B. McClellan, M.D., Ph.D.

Enclosures

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cc: Ms. Diane Livesay  
Associate Regional Administrator  
Denver Regional Office